



County Borough of Burton upon Trent

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EDUCATION COMMITTEE

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# ANNUAL REPORT

UPON THE  
SCHOOL HEALTH SERVICE

FOR THE YEAR 1969

BY

ROBERT MITCHELL  
B.Sc., M.B., Ch.B., D.P.H.

*PRINCIPAL SCHOOL MEDICAL OFFICER*





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# Annual Report of the Principal School Medical Officer For the Year 1969

*To the Chairman and Members of the Education Committee.*

I have the honour to present my Annual Report for the year 1969.

There were some changes of Medical Staff during the year. Dr. W. R. Henwood, after nine years of valued service with us, resigned on the 31st March to take up an appointment with the Department of Health and Social Security. He was succeeded by Dr. Barbara A. Thornley who resigned on 30th September to return to hospital work, and Dr. P. K. Ray commenced duty on the 1st October. During the year Mr. A. Noel Stannard, our Principal Dental Officer, had the valuable part-time assistance of Mrs. M. C. Reade, L.D.S.

There were no serious outbreaks of infectious disease in school children during the year. There were 29 cases of scarlet fever compared with 5 in 1968, 154 cases of measles compared with 52 in 1968, and 2 cases of whooping cough compared with 33 in 1968. 33 cases of infectious hepatitis were notified.

The infestation of scabies is still prevalent, but I am pleased to report that the number of cases was 67 compared with 130 in 1968. The number of children infested with head lice also showed a marked decrease compared with 1968. This improvement is in no small measure due to the vigilance of the School Nurses.

The scheme for B.C.G. vaccination against tuberculosis is now available for children between 11 and 13 years of age. The response to this has been excellent. During the year 1,178 children were Heaf tested and of these 45 were found to be positive and 1,133 negative, of whom 1,105 received B.C.G. vaccination.

I wish to express my thanks to the Committee for their support during the Year, to the Director of Education and his staff, to the Heads of the Schools for their valuable assistance, to the general practitioners for their co-operation, and to Dr. G. M. Curtois, who has been largely responsible for the preparation of this report.

I am,

Your obedient Servant,

ROBERT MITCHELL,

*Principal School Medical Officer.*



# Staff of the School Health Service

---

*Principal School Medical Officer :*

ROBERT MITCHELL, B.Sc., M.B., Ch.B., D.P.H.

*School Medical Officers :*

G. M. CURTOIS, M.R.C.S., L.R.C.P., D.P.H.

W. R. HENWOOD, B.Sc., M.B., Ch.B., D.P.H.  
(Resigned 31/3/69)

BARBARA A. THORNLEY, M.R.C.S., L.R.C.P., M.B., D.S.(London), D.A.  
(Commenced 12/4/69)  
(Resigned 30/9/69)

P. K. RAY, M.B.B.S., D.P.H. (Cal.)  
(Commenced 1/10/69)

*Principal Dental Officer :*

A. NOEL STANNARD, L.D.S.

*Consultant Anaesthetist :*

GEORGE QUAYLE, M.R.C.S., L.R.C.P., F.F.A.R.C.S. Eng., D.A.  
(Part-time)

*Dental Officers (Part-time) :*

ROY THOMPSON, L.D.S., B.D.S.

B. E. DAVIES, B.D.S.  
(Resigned 3/1/69)

MRS. M. C. READE, L.D.S.  
(Commenced 14/7/69)

*Senior Speech Therapist :*

F. BROOK, F.C.S.T.

*Orthoptist :*

MRS. L. GANNON (Part-time)

*School Nurses :*

MISS O. D. MARKS, S.R.N.

MRS. M. T. POPIKAS, S.R.N., S.C.M.

*Dental Auxiliary :*

MISS C. DODD  
(Commenced 6/10/69)

*Dental Attendants :*

MRS. E. M. ROULSTONE

MRS. E. CLAMP

MISS C. HOWELL

MISS R. J. TUNNICLIFFE

*Clerks :*

MRS. J. BENTLEY

MRS. M. B. M. HAMP (*Part-time*)

MISS A. M. L. TOURT (*Resigned 7/9/69*)

MISS E. HARVEY (*Commenced 15/9/69*)

*Cleansing Assistant (Part-time) :*

MRS. I. TAYLOR

**1. Staff Changes.** Dr. R. Mitchell, Principal School Medical Officer, was absent due to ill health for the early months of the year and Dr. G. M. Curtois carried out his duties during his absence. Dr. M. Allan and Dr. Mary Mills assisted at the School Clinic on a part time basis during this time. Dr. Barbara Thornley was appointed to replace Dr. Henwood on 12th April, but left on 30th September to resume her duties as a Specialist in anaesthetics. Dr. P. K. Ray was appointed on 1st October to replace Dr. Barbara Thornley as School Medical Officer.

**2. Medical Inspections.** The School Medical Officers have carried out routine examinations of infants during their first year at school.

In Junior schools, inspections were once again confined to the re-inspection of children with known defects and to such children as were referred with suspected defects by school staff or school nurses to the medical officers.

At the school leaver stage, all children were seen, weighed and measured and had their vision and colour vision tested by the school nurses. As a result of this a number of children were brought forward for a more detailed examination. School staff and parents also requested that a further proportion of them be examined for suspected defects by the School Medical Officers. Parents of all children in this age group are offered an appointment with the School Medical Officer, but only a small number of parents availed themselves of this opportunity. An increasing number of children in this age group are seen each year in connection with continental journeys and other courses of a residential or camping nature arranged by their respective schools.

The school nurses visited each school at least once a term for the purpose of performing either vision testing and/or head inspections. Any defects noted at these visits are reported to the School Medical Officers for appropriate action.

Visits have also been made to schools by the Principal Dental Officer and to a few schools by the Senior Speech Therapist.

An ever-increasing number of children are referred each year to the school medical service by parents, G.P.s., school staff and other interested bodies.

As in previous years a number of children have been referred with psychological problems. We are very fortunate in Burton upon Trent, however, in being able to call upon Mr. Henry, our Educational Psychologist, whose assistance in solving psychological problems has proved most useful.

The attendance of parents at routine medical examinations of school entrants remains on the whole good. At a few schools, however, the attendance leaves much to be desired and, unfortunately, it is usually in the cases where the parents do not attend that there is most need for consultation between doctor and parent. This often necessitates making repeated appointments at the School Clinic and school nurses and welfare officers having to pay repeated visits to the homes.

Taken generally, the accommodation for the performance of routine medical examinations, vision testing and head inspections remains very good, although in one or two of the older schools the conditions are still not ideal. In all schools, however, with the co-operation of the Head Teacher and staff, the work has progressed smoothly. The accommodation at the School Clinic has always been limited but with the closing of the Old Technical College next door, additional rooms are to be made available for Speech Therapy. This will be much appreciated making an additional consulting room available for the medical officers.

### **3. Findings of the Medical Inspection and Treatment of Defects.**

(a) **General Condition.** On examination, the children are divided into two categories: "Satisfactory" and "Unsatisfactory", according to their physique, height-weight ratio and present state of health.

The general condition of entrants during 1969 is shown below:

Satisfactory	Unsatisfactory
99.95%	0.05%

On the whole, the standard of nutrition is high and the general condition of the children can be regarded as satisfactory.

With the co-operation of the General Practitioners, Specialist opinion and care has been obtained where considered desirable. Co-operation with the Burton General Hospital has also been well maintained, and copies of reports of all school children seen by the Specialists at the Hospital are received by the School Medical Service. This is a great help to the Medical Officer concerned.

**(b) Nose and Throat Defects.** Medical Inspection revealed 230 defects of the nose and throat, the great majority being either enlargement of tonsils and adenoids or persistent nasal catarrh.

The improvement noted last year by the appointment of Mr. Ghanekar, F.R.C.S., as Consultant E.N.T. Surgeon, has been maintained and the numbers seen and treated at the Burton General Hospital are as follows :—156 which is a marked increase in the figure of 67 for 1968.

Some cases are still being seen by Mr. McFarlane in Derby, but the general trend is for new cases to go to Burton General Hospital.

**(c) Ear Defects.** During 1969, 7 children from Burton upon Trent were in special residential schools for deaf or partially hearing children. One girl was in Needwood School for the Partially Hearing, and three boys and three girls were in the Derby Royal School for the deaf. During the year two pupils were equipped with a hearing aid, bringing the number of children in Burton equipped with such apparatus to 17. With the aid of the hearing aids these children have been able to continue their education at ordinary schools in the Borough. All such children are seen at least once a year by one of the School Medical Officers.

**(d) Defects of Vision.** Mrs. L. Gannon, the Orthoptist, seconded from the Eye Department of the Burton General Hospital, has continued her two sessions a week at the School Clinic. Her work has again been of much assistance. In all she saw 471 cases during the year. Out of these she referred 140 to the Consultant Ophthalmologist at the Burton General Hospital for further opinion and treatment where necessary. 2,435 children had their vision tested by the School Nurses in schools and 160 cases were referred to the Ophthalmologist. 65 school children had spectacles prescribed for them during 1969.



As previously, the parent of a child found with defective vision is given the option of attending his or her own doctor, or the Eye Clinic for school children held at the Burton General Hospital, or to attend an optician of his or her own choice.

(e) **Orthopaedic Defects.** Children suffering from orthopaedic abnormalities requiring active treatment are referred to the Burton General Hospital, with the assent of the child's own doctor.

Advice is given at the School Clinic for minor defects.

As previously, flat feet and knock knees are the commonest orthopaedic defects found in school children, often associated with obesity.

92 children were found with orthopaedic defects at the school routine examinations.

(f) **Diseases of the Skin.** As usual scabies was the most prevalent skin condition seen at the School Clinic. 67 cases were treated during the year.

The number seen in the previous ten years were :

1968—130.	1967—91.	1966—86.	1965—18.	1964—20.
1963— 0.	1962— 0.	1961— 0.	1960— 0.	1959—1.

The routine treatment consists of a series of three baths followed by the application of Benzyl Benzoate Emulsion which is given to all affected patients. Children of school age are excluded from school until free from infection when a fitness certificate is issued by the School Medical Officers.

It is not always possible to get all the members of an infected family to attend for treatment, but it has been achieved in the majority of cases. This has proved most useful in preventing the children being re-infected at home, often a problem in the past.

Although this is a considerable decrease in the number of cases treated at the School Clinic last year there is little evidence that the disease is truly abating as many cases are being treated by their own doctors. The incidence of this disease is not peculiar to Burton upon Trent but reflects a similar situation in many parts of the country.

16 cases of impetigo were treated at the School Clinic during the year. This was a marked decrease on the number seen in the previous year. As with scabies serious cases were excluded from school until certified fit by a School Medical Officer.

(g) **Speech Therapy.** There has been no suitable applicant for the vacancy of full time Speech Therapist and Mr. F. Brook, F.C.S.T., has been without qualified assistance during the whole of the year. He reports as follows :

Although without a full complement of staff valuable assistance has been provided by two third-year students from the School of Speech Therapy at Leicester. Working under close supervision they have dealt competently with some of the minor defects of speech.

The waiting list has risen from 24 to 36 during the year and the latter figure is probably a very conservative one as only five school visits have been made. Only an annual and thorough screening of all Infants and Junior Departments will reveal all those needing speech therapy. Nevertheless, no fewer than 126 new cases were referred to the Speech Clinic during the year. The majority of these were infants or pre-school children below 6 years of age and on examination many of them are found to need little or no treatment. In addition to referrals from School Medical Officers, School Nurses, Health Visitors, Head Teachers and the Educational Psychologist, it is pleasing to note that more cases have been initiated by General Practitioners and by parents themselves.

The Speech Therapist has visited Bitham School one afternoon a week during the Summer and Autumn terms and six children with speech difficulties have received intensive treatment. It is hoped to arrange further visits in 1970.

By far the biggest problem is that of poor attendance at the Speech Clinic. A few parents, either through lack of interest, or because both are working full-time, fail to keep their appointments. In some instances the help of Head Teachers and Educational Welfare Officers is successful in helping parents to understand that a speech defect can have serious consequences educationally.

F. BROOK, F.C.S.T.,

*Senior Speech Therapist.*

Number of children treated :	Boys	..	..	..	162
	Girls	..	..	..	72

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(a)	Stammerers	..	..	..	..	36
(b)	Defects of articulation	..	..	..	..	142
(c)	Delayed Language/Speech Development	..	..	..	..	34
(d)	Cleft Palate Speech	..	..	..	..	10
(e)	Voice disorders	..	..	..	..	3
(f)	Supra Bulbar Pareisis	..	..	..	..	1
(g)	Articulatory dyspraxia	..	..	..	..	4
(h)	Speech defect associated with hearing loss	..	..	..	..	4

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## Discharged :

Adjusted	..	..	..	..	..	53
Partly adjusted	..	..	..	..	..	4
Unadjusted (chiefly because of parents' inability to co-operate)	..	..	..	..	..	7
Uneventuated (e.g. chiefly those who made a spontaneous recovery whilst awaiting treatment)	..	..	..	..	..	12
Transferred, e.g., to residential schools and to Educational Psychologist	..	..	..	..	..	3
Advised	..	..	..	..	..	6

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85

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Total attendances	..	..	..	..	..	1,486
Total on roll receiving treatment at 31st Dec., 1968	..	..	..	..	..	120
No. of children on waiting list at 31st Dec., 1968	..	..	..	..	..	24
No. of children referred during year	..	..	..	..	..	126
No. discharged during year	..	..	..	..	..	85
No. of children on waiting list at 31st Dec., 1969	..	..	..	..	..	36
No. of children receiving treatment at 31st Dec., 1969	..	..	..	..	..	185
No. of school visits made	..	..	..	..	..	5
No. of children seen during school visits	..	..	..	..	..	53



(h) **Infestation with Vermin.** The total number of examinations by School Nurses during 1969 was 17,506. 103 persons were found to be infested with vermin and 10 in a generally dirty condition which was a marked decrease on the previous year. The number of exclusions decreased also from 172 in 1968 to 77 in 1969. The services of the Cleansing Assistant every morning during term time, and occasionally during the holiday periods, has been of great assistance.

Treatment for infested and dirty children is available at the School Clinic. Many children are allowed to continue attending school, provided that they also attend regularly at the School Clinic for any necessary treatment. A child who is heavily infested, who has scabies or impetigo, or is so dirty as to be offensive to others, or does not attend the School Clinic for treatment, is excluded from school until certified fit to resume attendance by the School Medical Officers. During 1969 it was found necessary to issue 1 Cleansing Notice, nil Cleansing Orders.

(i) **Plantar Warts.** The number of children attending the School Clinic for treatment of this painful complaint showed an increase from 125 cases during 1968 to 144 cases during 1969. The routine treatment with Chlorosal proved satisfactory in the majority of cases. The remainder were treated with Salicylate paint, although this method of treatment needed to be fairly prolonged to achieve a satisfactory result.

(j) **Enuresis.** Treatment with the buzzers was still being used in carefully selected cases of enuresis. In all, 62 cases have been investigated by the School Nurses during the year, and of these 38 were found to be suitable for a trial with a buzzer. Of these 21 were cured; 3 improved; 6 failed to respond; and 8 were still under treatment at the end of the year. From the experience gained over the past years with this type of treatment, it would seem that alarm buzzers have a definite part to play in the treatment of this distressing condition. It is important, however, that full co-operation is obtained from both the affected children and their parents, and it is often lack of this essential co-operation which is found to be a most significant factor in the failure of treatment. At the end of the year, 9 children were still awaiting investigation.

## **Report of the Principal School Dental Officer**

Various Staff changes have occurred over the year, details of which are annotated elsewhere. The only full-time appointment has been a Dental Auxiliary who commenced duties in October. All other Staff improvements have been part-time. These latter, as a temporary measure, serve a most useful purpose, but, as so often happens, the appointments are of short duration and the vital factor of continuity is lost.

The full-time Dental Officer equivalent, at the end of the year, is 1.4 plus one full-time Dental Auxiliary. This is to cover a child school population of approximately 10,543. There have been no changes in Dental Surgery Assistant Ancillary Staff, which remains at full strength.

Despite the serious Professional Staff shortage over the first eight months of the year, inspections at Infant and Junior Schools have continued, but of necessity at a lower rate. The appointment in October of a Dental Auxiliary, enabled once again for talks and demonstrations on Dental Health and Hygiene to be undertaken during these inspections at school.

General Anaesthetics continue to be administered by a Consultant Anaesthetist, the Deputy Medical Officer of Health and the Assistant Medical Officer of Health.

The arrangement whereby Dental Appliances are processed by Dental Technicians attached to the Burton District Hospital Centre has continued to function satisfactorily.

A. N. STANNARD, L.D.S.,  
*Principal School Dental Officer*

**4. Handicapped Pupils.** The distribution of Handicapped Pupils in this area is shown in the following table.

Handicap	Attending special School	At ordinary School	At no School	Total not attending special School
Blind .. ..	—	—	—	—
Partially Sighted .. ..	3	—	—	—
Deaf .. ..	5	—	—	—
Partially Hearing .. ..	2	—	—	—
Delicate .. ..	3	9	—	9
Educationally Sub-normal	96	113	1	114
Epileptic .. ..	1	13	—	13
Physically Handicapped	5	19	1	20
Maladjusted .. ..	4	—	—	—
Speech Defect .. ..	—	234	—	234
	119	388	2	390

Ascertainment of Educationally Sub-normal Children was continued throughout the year. 56 children were assessed during 1969 with the following results :—

Children examined under Section 57 (5) .. ..	—
Children examined under Section 57 (3) .. ..	4
Children examined and found E.S.N. —	
(formally ascertained) .. ..	13
(informally ascertained) .. ..	27
E.S.N. Children re-examined .. ..	11
Children examined and found normal .. ..	—
Children examined and found maladjusted .. ..	1
S.S.N. re-examined and found E.S.N. .. ..	—

The new school for E.S.N. children opened at Bitham Lane has proved most successful and has shown that there is a real need for a much larger school to cope with all the children in Burton upon Trent who are in need of special educational treatment.

**Child Guidance Clinic.** The Child Guidance Clinic at Lichfield has again proved most useful. In all 24 cases from Burton upon Trent have been seen by Dr. Baker.

**5. Infectious Diseases.** A revised schedule for vaccination and immunization of school children has been introduced. Children are now offered Diphtheria/Tetanus antigen together with oral polio vaccine as reinforcing doses at school entry.

B.C.G. vaccination is now offered to children between 11 and 13 years of age. Finally children are offered a reinforcing dose of oral polio vaccine and tetanus toxoid on leaving school.

The number of children immunised by the School Health Service during 1969 was as follows :

(1)	Number of children who received a full course of Diphtheria/Tetanus antigen	.. .. .	106
(2)	Number of children who received a reinforcing or booster dose of Diphtheria/Tetanus antigen	..	695
(3)	Number of children who received a full course of Diphtheria antigen	.. .. .	2
(4)	Number of children who received a reinforcing or booster dose of Diphtheria antigen	.. ..	31
(5)	Number of children who received a reinforcing or booster dose of Polio/Tetanus antigen	.. ..	637
(6)	Number of children who received a reinforcing or booster dose of Polio antigen	.. .. .	83
(7)	Number of children who received a full course of tetanus antigen	.. .. .	1
(8)	Number of children who received a reinforcing or booster dose of tetanus antigen	.. .. .	7
(9)	Number of children receiving Measles immunisation		1

The number of cases of Infectious and other Notifiable Diseases occurring in School children during 1969 was as follows :—

<i>Disease</i>	<i>Number notified</i>	<i>Admitted to Hospital</i>
Measles	154	—
Scarlet Fever	29	—
Whooping Cough	2	—
Infective Jaundice	33	—
Paratyphoid Fever	1	1



## 6. B.C.G. Vaccination.

**Contact Scheme.** Dr. M. B. Paul, the Chest Physician, carried out Heaf Skin testing of child contacts of cases of Tuberculosis. He gave B.C.G. Vaccination to those with negative skin reactions. 11 were successfully vaccinated under this scheme in 1969.

**School Children Scheme.** The scheme commenced in 1963 with certain modifications has continued to work satisfactorily. All children of 11 years and over attending schools in Burton upon Trent were offered B.C.G. Vaccination. An excellent response was received from the parents, the vast majority of whom were very pleased to have their children vaccinated. Largely due to the excellent co-operation received from school staffs, and from the children themselves, no difficulty was experienced either in the preliminary skin test or the vaccination, and it is pleasing to note that no severe reactions were reported during the year under review. 1,178 children were given the Heaf Skin Test. As a result 45 children were found to have a positive reaction and 1,105 received B.C.G. vaccination.

## 7. Deaths of Children of School Age.

Four School children died in 1969 :—

- |                       |    |   |
|-----------------------|----|---|
| (1) Boy, aged 7 years | .. | (a) Drowning.<br>(b) Due to total immersion in water.<br>Misadventure.  |
| (2) Boy, aged 8 years | .. | (a) Idiopathic adrenal atrophy.<br>(Addison's disease).   |
| (3) Boy, aged 7 years | .. | (a) Haemorrhage.<br>(b) Ruptured spleen and other<br>injuries.<br>(c) A collision with a motor van<br>while crossing the road on foot.<br>Accidental death. |
| (4) Boy, aged 8 years | .. | (a) Fractured skull-base and vault.<br>(b) A collision with a private motor<br>car while crossing the road on<br>foot.<br>Accidental death.                 |

### 8. Minor Ailments.

The Authority maintains the School Clinic which is situated in a specially-adapted building at No. 32 Union Street. This building is used for School Medical purposes, and it also contains the Speech Therapy Clinic. Minor Ailments Clinics with a School Medical Officer in attendance are held daily, between 9 and 10 a.m., including those periods when schools are closed for holidays.

All Medical Records of School Children are kept at the School Clinic, and these are frequently referred to by Medical Officers when making special medical examination of children.

During 1969, there were 2,257 attendances at the Clinic for treatment of minor ailments, excluding attendances for disinfestation.

### 9. Employment of School Children.

The following table shows the number of children examined and passed fit for employment.

			<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Newspaper Delivery .. ..	67	24	91		
Shop Assistants .. ..	5	39	44		
Cleaner .. ..	—	1	1		
Errand Boys .. ..	7	—	7		
Warehouse Assistant .. ..	1	—	1		
Receptionist .. ..	—	1	1		
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	80	65	145		
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

### 10. School Meals Service and Free Milk Scheme.

The number of meals served was as follows :—

Children .. ..	885,969
Staff and Helpers .. ..	90,953
Students .. ..	2,040
	<hr/>
Total .. ..	978,962
	<hr/>

6,486 children were supplied with milk during the year.

**MEDICAL INSPECTION TABLES, 1969****Number of Children.**

Average number of children on the roll	..	..	10,604
Average attendance	..	..	9,683

**Table 1****Medical Inspection of Pupils attending Maintained Primary and Secondary Schools****A.—PERIODIC MEDICAL INSPECTIONS**

Age Groups inspected and Number of Pupils examined in each :

Entrants	..	..	..	..	..	..	1,222
Leavers	..	..	..	..	..	..	860
Others	..	..	..	..	..	..	58
Total	..	..	..	..	..	..	2,140

**B.—OTHER INSPECTIONS**

Number of Special Inspections	..	..	..	..	453
Number of Re-Inspections	..	..	..	..	1,171
Total	..	..	..	..	1,624

**C.—PUPILS FOUND TO REQUIRE TREATMENT**

Age Groups Inspected (by year of birth)	For defective vision (exclud- ing squint)	For any of the other conditions recorded in Table III	Total individual pupils
(1)	(2)	(3)	(4)
1965 and later	—	12	10
1964	6	443	314
1963	10	307	211
1962	—	12	8
1961	1	6	5
1960	—	1	2
1959	—	—	—
1958	—	1	1
1957	—	—	—
1956	—	—	—
1955	—	—	—
1954 and earlier	111	164	243
TOTAL .. ..	128	946	794

**D.—CLASSIFICATION OF THE PHYSICAL CONDITION  
OF PUPILS INSPECTED IN THE AGE GROUPS RECORDED  
IN TABLE I A**

Age Groups Inspected (by years of birth)	Number of Pupils Inspected	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No. (3)	% of Col. (2) (4)	No. (5)	% of Col. (2) (6)
(1)	(2)	(3)	(4)	(5)	(6)
1965 and later	27	27	100	—	—
1964	749	749	100	—	—
1963	446	445	99.75	1	0.25
1962	38	38	100	—	—
1961	9	9	100	—	—
1960	5	5	100	—	—
1959	4	4	100	—	—
1958	2	2	100	—	—
1957	—	—	—	—	—
1956	—	—	—	—	—
1955	—	—	—	—	—
1954 and earlier	860	860	100	—	—
<b>TOTAL .. ..</b>	<b>2140</b>	<b>2139</b>	<b>99.95</b>	<b>1</b>	<b>0.05</b>

**Table II**  
**Infestation with Vermin**

(i)	Total number of individual examinations of pupils in Schools, by the School Nurses or other authorised persons ..	17,506
(ii)	Total number of individual pupils found to be infested ..	103
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	1
(iv)	Number of individual pupils in respect of whom Cleansing Orders were issued (Section 54 (3) Education Act, 1944)	—



**Table III**  
**Defects found by Medical Inspection**  
**A.—PERIODIC INSPECTIONS**

Defect Code No. (1)	Defect or Disease (2)			Periodic Inspections			
				Entrants (3)	Leavers (4)	Others (5)	Total (6)
4	Skin .. ..	T		10	4	—	14
		O		35	27	—	62
5	Eyes—						
	(a) Vision ..	T		2	12	—	14
		O		15	100	2	117
	(b) Squint ..	T		10	—	1	11
		O		20	5	—	25
	(c) Other ..	T		2	1	—	3
		O		8	30	—	38
6	Ears—						
	(a) Hearing ..	T		5	—	—	5
		O		32	8	1	41
	(b) Otitis Media	T		—	—	—	—
		O		28	2	1	31
	(c) Other ..	T		2	—	—	2
		O		18	4	—	22
7	Nose and Throat	T		26	1	1	28
		O		178	20	4	202
8	Speech .. ..	T		30	—	1	31
		O		73	2	1	76
9	Lymphatic Glands	T		2	—	—	2
		O		18	3	—	21
10	Heart .. ..	T		2	—	—	2
		O		12	4	—	16
11	Lungs .. ..	T		1	—	—	1
		O		28	6	1	35
12	Developmental—						
	(a) Hernia ..	T		—	—	—	—
		O		4	—	—	4
	(b) Other ..	T		2	—	—	2
		O		50	1	—	51
13	Orthopaedic—						
	(a) Posture ..	T		—	—	—	—
		O		6	3	—	9
	(b) Feet ..	T		1	1	—	2
		O		27	4	1	32
	(c) Other ..	T		—	1	—	1
		O		34	12	2	48
14	Nervous System—						
	(a) Epilepsy ..	T		—	—	—	—
		O		7	1	—	8
	(b) Other ..	T		—	—	—	—
		O		5	2	—	7
15	Psychological—						
	(a) Development	T		2	—	1	3
		O		5	—	—	5
	(b) Stability	T		—	—	—	—
		O		45	6	1	52
16	Abdomen ..	T		—	—	—	—
		O		4	3	—	7
17	Other .. ..	T		2	—	—	2
		O		15	12	—	27

**Table III** (*continued*)  
**B.—SPECIAL INSPECTIONS**

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring Treatment (3)	Requiring Observation (4)
4	Skin .. .. .	9	6
5	Eyes—(a) Vision .. .. .	—	—
	(b) Squint .. .. .	—	—
	(c) Other .. .. .	2	1
6	Ears—(a) Hearing .. .. .	—	—
	(b) Otitis Media .. .. .	1	—
	(c) Other .. .. .	1	3
7	Nose and Throat .. .. .	2	1
8	Speech .. .. .	—	—
9	Lymphatic Glands .. .. .	—	1
10	Heart .. .. .	—	—
11	Lungs .. .. .	—	1
12	Developmental— (a) Hernia .. .. .	—	—
	(b) Other .. .. .	—	—
13	Orthopaedic— (a) Posture .. .. .	—	—
	(b) Feet .. .. .	—	—
	(c) Other .. .. .	10	9
14	Nervous System—(a) Epilepsy .. .. .	—	—
	(b) Other .. .. .	—	—
15	Psychological— (a) Development .. .. .	—	—
	(b) Stability .. .. .	—	—
16	Abdomen .. .. .	—	1
17	Other .. .. .	—	10

Table IV

## Treatment Table

## Group 1.—Eye Diseases, Defective Vision and Squint

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint .. .. .	—	14
Errors of refraction (including squint) .. .. .	160	21
<b>TOTAL</b> .. .. .	160	35
Number of pupils for whom spectacles were prescribed .. .. .	59	6

## Group 2.—Diseases and Defects of Ear, Nose and Throat

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
Received operative treatment—		
(a) for diseases of the ear .. .. .	—	—
(b) for adenoids and chronic tonsillitis .. .. .	—	83
(c) for other nose and throat conditions .. .. .	—	3
Received other forms of treatment .. .. .	—	70
<b>TOTAL</b> .. .. .	—	156
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1969 .. .. .	—	2
(b) in previous years .. .. .	—	17

## Group 3.—Orthopaedic and Postural Defects

	By the Authority	Otherwise
Number of pupils known to have been treated at clinics or out-patients departments .. .. .	—	364

**Group 4.—Diseases of the Skin (excluding uncleanness)**

						Number of cases treated or under treatment during the year by the Authority
Ringworm—(i)	Scalp	..	..	..	..	—
	(ii) Body	..	..	..	..	2
Scabies	..	..	..	..	..	67
Impetigo	..	..	..	..	..	16
Other skin diseases	..	..	..	..	..	19
TOTAL						104

**Group 5.—Child Guidance Treatment**

Number of pupils treated at Child Guidance Clinics under arrangements made by the Authority .. .. .	..	24
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**Group 6.—Speech Therapy**

Number of pupils treated by Speech Therapists under arrangements made by the Authority .. .. .	..	234
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**Group 7.—Other Treatments Given**

(a) Number of cases of miscellaneous minor ailments treated by the Authority .. .. .	..	246
(b) Pupils who received convalescent treatment under School Health Service arrangements .. .. .	..	—
(c) Pupils who received B.C.G. vaccination ..	..	1,105
(d) Other than (a), (b) and (c) above .. .. .	..	—
Total number of attendances at Authority's Minor Ailments Clinics .. .. .	..	2,257
Total number of attendances including uncleanness .. .. .	..	3,534

**Table V**  
**Dental Inspection and Treatment**

<b>Attendances and Treatment</b>					Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
First Visit	..	..	..	..	769 (160)	561 (81)	82 (16)	1,412 (251)
Subsequent Visits	..	..	..	..	1,098 (74)	1,234 (38)	184 (1)	2,516 (113)
Total Visits	..	..	..	..	1,867 (234)	1,795 (119)	266 (17)	3,928 (370)
(Emergencies shown in brackets)								
Additional courses of treatment commenced	..	..	..	..	16	14	5	35
Fillings in permanent teeth	..	..	..	..	501	1,035	216	1,752
Fillings in deciduous teeth	..	..	..	..	757	104	—	861
Permanent teeth filled	..	..	..	..	467	960	195	1,622
Deciduous teeth filled	..	..	..	..	741	102	—	843
Permanent teeth extracted	..	..	..	..	51	210	54	315
Deciduous teeth extracted	..	..	..	..	811	273	—	1,087
General anaesthetics	..	..	..	..	366	171	17	554
Emergencies	..	..	..	..	234	119	17	370
Number of Pupils X-Rayed	..	..	..	..	..	..	..	34
Prophylaxis	..	..	..	..	..	..	..	427
Teeth otherwise conserved	..	..	..	..	..	..	..	69
Number of teeth root filled	..	..	..	..	..	..	..	1
Inlays	..	..	..	..	..	..	..	7
Crowns	..	..	..	..	..	..	..	1
Courses of treatment completed	..	..	..	..	..	..	..	567
<b>Orthodontics :</b>								
Cases remaining from previous year	..	..	..	..	..	..	..	66
New cases commenced during year	..	..	..	..	..	..	..	19
Cases completed during year	..	..	..	..	..	..	..	17
Cases discontinued during year	..	..	..	..	..	..	..	2
No. of removable appliances fitted	..	..	..	..	..	..	..	34
No. of fixed appliances fitted	..	..	..	..	..	..	..	—
Pupils referred to Hospital Consultant	..	..	..	..	..	..	..	12
<b>Prosthetics</b>					Ages 5 to 9	Ages 10 to 14	Ages 15 & over	Total
Pupils supplied with F.U. or F.L. (first time)	..	..	..	..	—	—	—	—
Pupils supplied with other dentures (first time)	..	..	..	..	1	4	5	10
Number of dentures supplied	..	..	..	..	1	4	7	12
<b>Anaesthetics</b>								
General Anaesthetics administered by Dental Officers	..	..	..	..	..	..	..	—
<b>Inspections :</b>								
(a) First inspection at school. Number of Pupils	..	..	..	..	..	..	..	2,463
(b) First inspection at clinic. Number of Pupils	..	..	..	..	..	..	..	599
Number of (a) + (b) found to require treatment	..	..	..	..	..	..	..	1,958
Number of (a) + (b) offered treatment	..	..	..	..	..	..	..	1,958
(c) Pupils re-inspected at school or clinic	..	..	..	..	..	..	..	250
Number of (c) found to require treatment	..	..	..	..	..	..	..	87





